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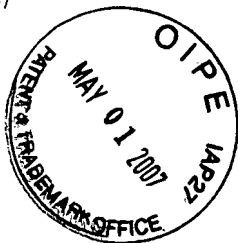
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SUGHRUE MION, PLLC
 2100 Pennsylvania Avenue, NW
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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/042,390

01/11/2002

Kinya Ono

Q68033

5493

TITLE OF INVENTION: DATA TRANSMISSION/ RECEPTION SYSTEM, CONNECTION RESTORING METHOD AND INFORMATION TRANSMISSION/ RECEPTION APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

05/02/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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MATTIS, JASON E

2616

370-248000

05/02/2007 KAMED2 00000044 1004E300

01 FC:1501

02 FC:1504

1400.00 00

200.00 00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PIONEER CORPORATION

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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Authorized Signature

Date

Typed or printed name

Grant K. Rowan

Registration No.

41, 278

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